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ABSTRACT

This paper describes a conceptual model of staff burnout in terms of independent, intervening and dependent variables. Staff burnout is defined, symptoms are presented, and the epidemiological approach to burnout is descussed. Components of the proposed model, which groups determinants of mental health into three domains, consist of: (1) determined and changeable predisposing risk factors: (2) developmental and situational precipitating risk factors: and (3) intervening variables of skills and support, manifested as degrees of vulnerability or of strength. The model suggests that the combination of risk factors, mediated by skills and support systems, determines mental health and modes of coping. Suggestions and examples for prevention and intervention strategies are given and both direct and indirect costs of burnout are discussed: a diagram of the model is also provided. (Author/NRB)

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AN EPIDEMIOLOGICAL APPROACH TO STAFF BURNOUT

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Burnout is an undersirable and costly syndrome. It is manifested in stressful work situations as employee's emotional depletion and cynicism (Maslach & Jackson, 1978) coupled with diminished performance. Staff burnout undermines job satisfaction, efficiency and effectiveness. It renders unhappiness to the staff and increased costs to the industry, including the industry of human services. These characteristics, in conjunction with recent diminishing funds have compeled the human service system to follow the steps of the corporate world in examining the determinants of all behaviors that are detrimental to the balance of costs and outcomes, including the cost-outcome of staff burnout. This paper describes a conceptual model of staff burnout in terms of independent, intervening and dependent variables. Though representing initial stages of conceptualization, it integrates fragmented knowledge, suggests means for both prevention of staff burnout and, once it occurs, interventions. The model also lends itself to research and evaluation.

Introduction

The dictionary defines burnout as "to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources". The term has been applied to work situations both by popular magazines (e.g. articles about production line industry, about air controllers, etc.) and in the professional literature (Harvard Business Review, 1979, Blackler & Brown, 1978). A major share of the latter describes staff burnout in the human services (Frendenberger, 1974, Maslach, 1978, Pines & Maslach, 1978, Ellison & Genz, 1978, Kahn, 1978, Hendrichson, 1979, Edelwich & Brodsky, 1980).

Burnout manifests itself in numerous ways and varies in the typology and severity of its symptomology. It might be expressed in emotional exhaustion and apathy or in physical fatigue. It is often correlated with psychosomatic occurances of headaches, gastronomical upset, sleep disturbance, etc. Behavior manifestations include quick anger, suspicion, inappropriate risk taking, inflexible stands, cynicism, depression and increased consumption of drugs and alcohol.

With no exception, the characteristic work environment in which burnout can be observed is highly stressful. In cases of psychiatric facilities, both the likelihood and intensity of staff burnout are directly related to severity of clients' illness, duration of work hours, and the insufficient "time out" available to staff. Also typical of environments associated with staff burnout are work with expecially difficult clients and/or upsetting and depressing situations. Work with psychotic clients is an example of the former; caring for dying children is an instance of the latter. Ironically, it is the dedicated and commited worker who is a candidate for burnout because of his/her additional internal pressures to do well. It should be added that within these general characteristics there is still much variance in individual responses.

Increased attention paid to staff burnout in recent years is easily understood in light of its consequences. On the level of individual workers staff burnout breeds low staff morale, absenteeism and job turnover; all of which are mutually exclusive with workers' success, well being and happiness. On agency or industry level, staff burnout means deterioration in the quality of performance, decreased efficiency and effectiveness and increased costs. It is suggested in this paper that staff burnout is a mode of coping with difficult situations. Edelwich & Brodsky (1980), discussed burnout at length. They attributed the syndrome to discrepancies between the expectations of well meaning providers of services and the realities of human services. Examples are the givens of systems where services are compromised or where the idealistic expectations of caring workers are frustrated. In this context, staff burnout resembles numerous other undesirable modes of coping with difficulties. Indeed, parallels can be drawn between staff burnout and depression, psychosomatic reactions, and/or a mynad of defensive behaviors associated with psychological conflicts. All these behavioral maladaptations can be viewed, analyzed and interpreted from different perspectives such as clinical, operant and also epidemiological.

Epidemiology is the study of the distribution of phenomena (e.g.

behaviors or states of ill health) in defined populations, and the variables associated with the development and continuance of such phenomena. The ultimate goal is to understand the etiology of, for example, a disease or a behavioral syndrome and be able to control it. A more immediate utility is the capability to predict a behavior/disease and the identification of prevalence and indication of needed interventions. In addition, identification of variables associated with a syndrome under study provides information about risk groups and risk factors, that is, who are the people who are likely to exhibit the syndrome and how they and their environment can be characterized. Such knowledge aids in anticipation of problems and possibly their prevention. For example, epidemiological studies of the variables associated with school dropout, or with teenage pregnancies can increase the understanding of those phenomena, increase control over their prevalence and indicate possible prevention. In this context, an epidemiological approach is suggested not because staff burnout seems infectious (which it is), but because of the clarity offered by that approach. Informal epidemiological examinations are often embeded in research endevors concerned with staff burnout. For example, Edelwich and Brodsky (1980), described staff burnout in detail, including situational and individual factors associated with it. This paper is an attempt to structure the study of staff burnout via a suggested model.

The suggested model

Clinical research in mental health has related the notion of predisposing, precipitating and perpetuating events that contribute, for example, to a behavioral disorder. The same events could be represented as independent, intervening and dependent variables. They could be relabled as risk event or as stress factors, and include individual and environmental variables within the psychological, sociological and ecological framework represented in Figure 1

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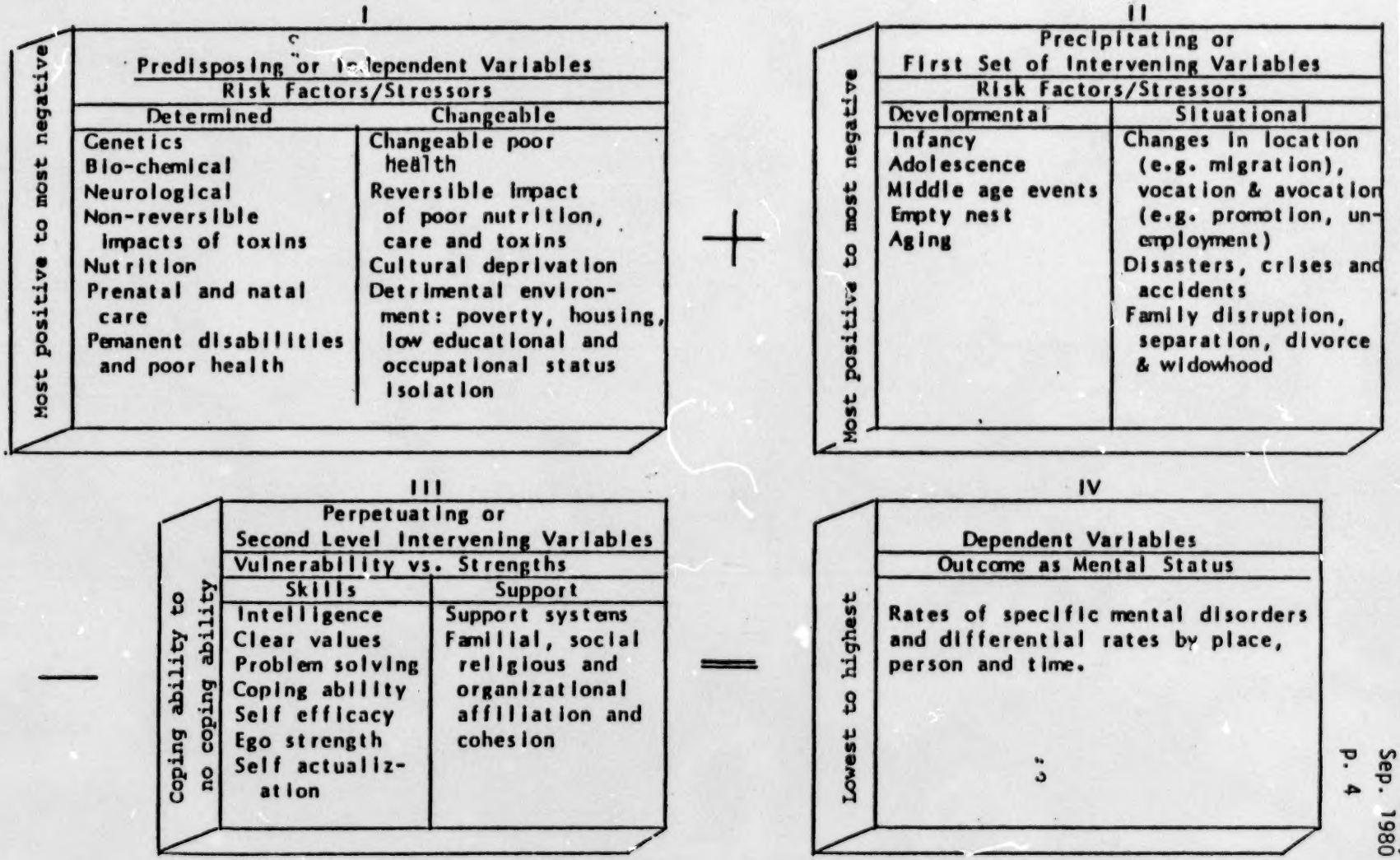
FIGURE 1

THE PROPOSED MODEL; PREDISPOSING, PRECIPITATING AND PERPETUATING DETERMINANTS OF MENTAL STATUS



The model groups determinants of mental health into three domains, I, II and III in Figure 1.

The first domain of predisposing risk factors for the development of mental disorders consists of determined and changeable variables. Examples of determined predisposing risk factors are: genetic makeup, non-reversible impacts of toxins and permanent disabilities. Examples of changeable, predisposing risk factors are poverty, cultural deprivation and detrimental environments.

Precipitating determinants (II in Figure 1), are either developmental or situational risk factors, and are added to the already existing ones. The developmental factors consist of developmental stages known for emotional vulnerability such as infancy, adolescence, middle age and its "empty nest" syndrome.

Situational risk factors may consist of migrational uprooting, unemployment, natural disaster (e.g. flood), and marital disruption. These mentioned determinants, regardless of domain, should be known and familiar to anyone who performed mental health need assessment and/or engaged in identifying risk variables for mental disorders. They are generally acknowledged as risk factors, though not necessarily within a structured model.

The cummulative and interactive effects of both the predisposing and precipitating risk factors are either perpetuated or negated by the intervening variables of skills and support, manifested as degrees of vulnerability or of strength (III in Figure 1). Examples of relevant skills are the various facets of ego strength, problem solving ability, clear and realistic values, etc. Support is usually derived from family, friends, religious and group affiliation.

The combination of risk factors, mediated by an array of skills and support systems is suggested to determine one's mental health and modes of coping with difficult situations. In mental health, this model suggests that primary prevention could consist of changing (as much as possible) undesirable predisposing risk factors and providing people who experience any of the precipitating risk variables with appropriate buttressing. These could be pre-retirement programs, programs for flood victims, or

programs for the recently divorced. In all cases, reality orientation, coping skills and enhancement of support are the means for either primary prevention or for intervention (in relevant forms) for staff burnout.

Similarly, staff burnout ranges from extreme manifestation to non-existent. It can be viewed as the temporal balanced sum of a host of past and present, stable and transient, independent, intervening and interacting variables. These determinants can be designated as predisposing, precipitating and perpetuating events that contribute to the development of modes of coping, including staff burnout. They can be relabled as risk events, tend to be experienced as stress factors, and include both individual and environmental variables within the psychological, sociological and ecological mileau of people. A non-exhaustive schema of this myriad of variables is structured in the proposed model and represented in Figure 2

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FIGURE 2

THE PROPOSED MODEL; PREDISPOSING, PRECIPITATING AND PERPETUATING DETERMINANTS OF STAFF BURNOUT

I

Most positive to most negative

Predisposing or Independent Variables	
Risk Factors/Stressors	
Determined	Changeable
Difficult clients dying children psychotics retarded spinal injuries Stressful work air controllers Mandane tasks Upward mobility thru administration	Ineffective system Compromised services No success criteria Inadequate funds Meaningless paper work Bad office policies System not responsive to clients/staff needs Inappropriate training Powerlessness Isolation, segregation, sexism & minority status

+

II

Most positive to most negative

Precipitating or First Set of Intervening Variables	
Risk Factors/Stressors	
Developmental	Situational
Early naivete Arrival at salary ceiling Mid-career crisis Pre-retirement Promotion	Layoffs Budget cuts Programatic changes Procedural changes Strike Being passed over for promotion Changes in work climate Death of a client Work or personal crisis

III

Coping ability to no coping ability

Perpetuating or Second Level Intervening Variables	
Vulnerability vs. Strengths	
Skills	Support
Intelligence Clear and realistic values Problem solving Coping ability Self efficacy Ego strength Self actualization	Support systems Familial, social religious and organizational affiliation Co-workers support Management support

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IV

High to low prevalence and severity

Dependent Variables
Outcome as Staff Burnout
Frustration Quick anger Cynicism Apathy Withdrawal Poor performance Emotional detachment Psychosomatic symptoms

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these are analogous to Edelwich and Brodsky's notion of the "givens", the undesirable, yet unchangeable harsh realities.

The potentially changeable variables consist of mostly work-environment variables, the presence of which is associated with high prevalence of staff burnout. Examples are ineffective systems, compromised services, inadequate funds, systems that are not responsive to clients and/or staff needs, etc. Segregation and isolation such as could result from sexism or unfair treatment of minorities (e.g. blacks/Hispanics among whites, or psychologists among psychiatrists) could also be included among changeable predisposing factors. This is neither because one's gender or skin color is expected to change, nor because a minority status per se is viewed as a detrimental factor. Rather, it is because minority status, sexism and work isolation create stress, often reflect low social status and are associated with maladaptive coping patterns. Being ingrained in society, these are unlikely to change overnight. It should be noted that though aggregated findings cannot be applied to individuals and visa versa, these associations hold both on an individual level, i.e. as probabilities of that person experiencing the syndrome, and on the aggregated level, in terms of incidence and prevalence of staff burnout in certain environments/populations.

The second domain consists of intervening variables that are associated with precipitating staff burnout and are, therefore, also risk factors. One category of precipitating variables are developmental stages in one's career known for vulnerability and frequent development of burnout. New employees are often unrealistic in their expectation, relatively helpless and in a rapid period of change; all of which require inner resources and strength. Arrival at a salary ceiling within one's level of classification requires decisions about possible changes in vocation or location. These can create conflict and stress. Positive developments, such as promotions, can also create stressful dynamics due to facing unknown situations. Reaching one's carrer summit forces a worker to assess his/her life accomplishments and the realization that there is relatively little to look forward to in further professional development.

A similar role is played by the situational variables. Not a part of

expected stages in one's career, and often unexpected, these variables create much stress, whether due to programatic changes, budget cuts, layoffs, or a death of a client. Most situational variables create disruption and demand for readjustment, strength and coping skills. All could be designated as risk factors because they frequently preceed staff burnout.

It is suggested that the impact of the cummulative and interactive effects of both the predisposing and precipitating risk factors are enhanced, perpetuated or annulled by the intervening variables of skills and support, manifested as degrees of vulnerability or of strength. Whether a crisis occurs due to a loss, a role conflict or multiple stress, the degree to which one can adjust and cope is contingent on inner strength and skill. Examples are intelligence, problem solving ability and self efficacy. The availability of support systems, whether individuals or agency management support, functions as a buffer, protective shield and source of strength. Segregation and isolation, mentioned above, also involve a reduction or a lack of support, thus further magnifying stress.

It is the sum of the variables in domains I, II and III that determine (on a probabilistic basis) staff burnout, or its opposite which is has been labled by management literature as"(good) quality of work life". The larger the number of negatively valenced predisposing and precipitating variables (such as skills and support), the higher the probability of burnout in an individual and/or the higher the prevalence of staff burnout in a work setting. Conversely, the lower the number of negatively valenced risk variables and the more prevailing the skills and support, the higher the quality of work life, prevailing workers sense of well being and high performance.

Discussion; utilities and costs

Numerous assumptions are embeded in the presented model. Some are related to content and concepts, other are related to issues of measurement and methodology. Concerning content and concepts; the proposed model draws on analogies to other modes of coping, behavioral manifestations and degrees of mental health. This is not to imply that staff burnout is

synonymous with mental disorders. Rather, both are presented from an epidemiological perspective of identifying the predisposing, precipitating and perpetuating determinants that are associated with pre-identified criteria. Concerning the description of the model and the associations among the variables, another assumption should be made explicit, namely, that the presented model is a causal one. Causality is assumed on a dual basis: (1) a temporal order of variables, that is, which variables/factors preceed others, and (2) non-correlating error terms. Similar determinants and assumptions can be identified for the various levels of mental status, as was briefly described above.

The model identifies risk factors, possible prevention and interventions for staff burnout. Being a causal model, it suggests which factors come first and which could be changed. As such, it lends itself to research and evaluation either through experimental studies that control for some variables and examine the others, or through, e.g., path analysis; the latter being a statistical procedure that enables one to measure direct and indirect effects that one variable has on another. Once varified, information can provide for prediction of and preparing for staff burnout, whenever it is unavoidable, and suggest interventions whenever it occurs.

Specifically, preventive measures for staff burnout could try to annul predisposing risk factors, e.g. improving a service system, changing bad policies/procedures and/or providing needed training. Precipitating risk factors could be addressed via good orientation for new employees or recently promoted employees. Special staff developemnt programs can be designed at times of situational crisis and "quality of work life" programs introduced.

In many cases, however, staff burnout is not preventable. Under those circumstances, interventions should aim at building/enhancing relevant skills and creating/enhancing support systems. Support for candidates for staff burnout is easily understood. It could take the form of a network of colleages, management support through recognition and through diversion. For example, workers with dying children, or with the severly retarded, might be encouraged to spend a small proportion of work time in

prevention of and consultation about the hopeless affliction with which they work. These activities are related to the daily work, but are not hopeless and, therefore, could provide a sense of accomplishment.

Needed skills are complex and vary among situations. Somewhat parallel to reality therapy, they entail teaching workers to recognize and accept harsh realities, understand them, live and work with them (Edelwich & Brodsky, 1980). Both formal and informal interaction and sharing along these lines counteract isolation and enhance a sense of support. Additional skills cover assessing the degree to which one should function as a "superman", identifying one's own needs (e.g. to be loved), identifying the true cases of one's unhappiness, recognition of "no-win" situations, ability to set limits, allocate and delegate responsibilities, and ability to set realistic goals, including realistic definitions of success.

Thus, skills have the potential for transforming unwarrented enthusiasm into realism, stagnation into movement, frustration into satisfaction and apathey into involvement. Additional problem solving capabilities both on and off the job can reduce staff burnout and turnover and improve the quality of work life.

Staff burnout involves both direct and indirect costs to individual workers, industry and society. Direct costs to workers involve income loss, whenever workers are paid according to performance, and otherwise the fiscal consequences of unemployment. Similar losses concern fringe benefits. There are many more indirect staff burnout costs to workers. Included are professional disruption, detrimental impacts on health (which often entail additional expenses) and the potential ripple effects on one's family and other interpersonal relationships. Burnout persons make poor spouses, parents and/or friends. They are likely to vent anger and work-related frustration on family members, at times to the extent of secondary manifestations in family disruption. According to Maslach and Jackson (1978), staff burnout is associated with non-married marital status. Evidently, marriage provides a protective shield and a sympathetic environment, a prolonged staff burnout contributes to marriage breakup, or both.

Direct costs to the agency or industry are easily recognized. They

include costs related to decreased productivity, inefficiency, absenteeism, lowered quality of work/performance, increased use of sick days, staff turnover and the need to train new employees. Corporate industries, e.g. Leyland and Volvo (as reported by Blackler and Brown, 1978), have documented savings of large sums of money, in each of the above categories, by aliviating staff burnout. Indirect costs to agency or industry consist of increases in the rates of unemployment premium paid by employers, impacts of negative reputation and inability to attract good staff. In the human service industry, staff burnout can contribute to loss of licensure or accreditation, as well.

Communities and society at large are also affected by staff burnout. Direct costs are related to the need to replace lost products or services and to the secondary impacts of poor programs, for example, a poor program for substance abusers. Unemployment rates, claimed unemployment benefits and indirect impacts on future programs also affect communities. Assessing the extent of staff burnout and/or the desirability of interventions should include a detailed documentation of the 2 x 3 array of costs, that is, the direct and indirect fiscal impacts on individual workers, agency/industry and community/society.

Summary

An epidemiological model of staff burnout was suggested in this paper. It consisted of independent, intervening and dependent variables of predisposing, precipitating and perpetuating risk factors, the relationships among which and their relationhsips to staff burnout were to be varified via research and evaluation. Drawing analogies to epidemiology and primary prevention of psychological distress, the model structured a causal process, risk identification and two categories of intervention: the enhancement of relevant skills and the buildup of appropriate support systems. Direct and indirect, short and long term costs were discussed.

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